

# Health and Safety Investigation Request Form

Company Name: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Nature of work:

- |   |   |
|---|---|
| <input type="checkbox"/> Law  | <input type="checkbox"/> Building and Construction            |
| <input type="checkbox"/> Healthcare                                 | <input type="checkbox"/> Manufacturing                        |
| <input type="checkbox"/> Electricity, Gas, Water and Waste Services | <input type="checkbox"/> Freight and Logistics                |
| <input type="checkbox"/> Education                                  | <input type="checkbox"/> Agricultural, Forestry and Fishing   |
| <input type="checkbox"/> Administration                             | <input type="checkbox"/> Tourism and Hospitality              |
| <input type="checkbox"/> Information and Technology                 | <input type="checkbox"/> Food Services                        |
| <input type="checkbox"/> Financial Services                         | <input type="checkbox"/> Retail                               |
| <input type="checkbox"/> Professional Services                      | <input type="checkbox"/> Real Estate and Property Development |
| <input type="checkbox"/> Personal Care                              | <input type="checkbox"/> Other (Please explain)               |

## Number of Staff:

- |                                |                                 |
|--------------------------------|---------------------------------|
| <input type="checkbox"/> 1-5   | <input type="checkbox"/> 51-100 |
| <input type="checkbox"/> 6-20  | <input type="checkbox"/> 101+   |
| <input type="checkbox"/> 21-50 |                                 |

***Please complete the below as best you can, if you are not able to complete all sections, or are unsure at all, please contact our office and we will talk you through it.***

1. What was the Incident? Notifiable Event  Injury  Property Damage  Other
2. Address of the Incident? \_\_\_\_\_
3. Main contact person? \_\_\_\_\_
4. Details? (What/How did the accident/incident happen)

5. In your opinion, what caused the incident/accident? (Tick the box: there can be more than one factor involved)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Lack of Training   | <input type="checkbox"/> Ineffective Guarding  | <input type="checkbox"/> Lack of Maintenance       |
| <input type="checkbox"/> Inexperience   | <input type="checkbox"/> Lack of PPE           | <input type="checkbox"/> Safety Rules not enforced |
| <input type="checkbox"/> Weather  | <input type="checkbox"/> Unsafe Work Methods   | <input type="checkbox"/> Misconduct                |
| <input type="checkbox"/> Workplace design<br>(equipment, layout, lighting<br>ventilation) | <input type="checkbox"/> Language difficulties | <input type="checkbox"/> Poor housekeeping         |

6. Explain in detail what caused the accident? (Include diagrams where you can)

7. What are the names and contact details of witnesses or those on scene?



8. Worksafe NZ Advised? Yes  No  Date:

9. Are there any people in hospital? Yes  No

**Do you have any notes or comments that may help us understand what has occurred?**

**Are you interested in any other KSM services?**

- |  |  |
|--|--|
| <input type="checkbox"/> H&S Policy Assistance           | <input type="checkbox"/> Standard Operating Procedures |
| <input type="checkbox"/> Accident/Incident Investigation | <input type="checkbox"/> H&S Pre-Qualification         |
| <input type="checkbox"/> Meeting Facilitation            | <input type="checkbox"/> Auditing                      |
| <input type="checkbox"/> H&S Process Assessment          | <input type="checkbox"/> Other (Please explain)        |

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**Are you currently using any H&S Apps or Software?**

***Please email your completed questionnaire, and applicable documentation to [info@ksmconsulting.co.nz](mailto:info@ksmconsulting.co.nz) and a member of our team will be in touch.***

***If you have any questions, please contact us either through our website [www.ksmconsulting.co.nz](http://www.ksmconsulting.co.nz) or alternatively speak to Kelly on 0221529774.***